

Tobacco Treatment Enrollment

A Project of the NH Department of Health and Human Services

TOBACCO TREATMENT CHECKLIST

ADVISE smoker to stop: ☐ Stop-smoking advice given: "I strongly advise you to quit smoking and I can help you."

ASSESS readiness to quit: ☐ Ready to quit? ☐ Thinking about quitting? ☐ Not ready to quit?

ASSIST smoker to quit: ☐ Brief counseling. Discuss: •Reasons to quit •Barriers to quitting
•Lessons from past quit attempts •Set a quit date, if ready •Enlist social support

☐ Medications. If appropriate, recommend: (CIRCLE): patch gum lozenge
inhaler nasal spray Bupropion (Zyban®/Wellbutrin®)

ARRANGE follow-up: ☐ Refer to New Hampshire Smokers' Helpline by faxing the lower portion of this form
toll free to **1-866-560-9113**

NEW HAMPSHIRE SMOKERS' HELPLINE
Fax this part of form toll-free to **1-866-560-9113**

New Hampshire Resident Enrollment Form

Referral Source

Referred by: Name _____ Facility _____ Address _____ _____	Phone (area code + number) ()
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Patient Information

First Name	Last Name	Date of Birth (month/day/year)
Primary Insurance: <input type="checkbox"/> Cigna <input type="checkbox"/> Anthem Blue Cross/Blue Shield <input type="checkbox"/> Harvard Pilgrim <input type="checkbox"/> Un-insured <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Delta Dental <input type="checkbox"/> HealthTrust <input type="checkbox"/> Other		
Address: _____ Street City NH Zip		
Phone (area code + number) ()	May we leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No	Language preference <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____

When Should We Call? Check all that apply. ☐ morning ☐ afternoon ☐ evening ☐ no preference

I authorize my healthcare provider ("Provider") to release the information on this enrollment form to the Try-To-STOP TOBACCO Resource Center of New Hampshire ("Resource Center") for purposes of my participation in the Resource Center program. I also authorize the Resource Center and its representatives to contact me upon receiving this referral from my healthcare provider.

Signature of Resource Center Client or Client's Representative

Date

Printed Name of Resource Center Client or Client's Representative

Date

How to Use the NH Smokers' Helpline Enrollment Form for Fax Referral

Purpose:

The Enrollment Form serves as a resource for healthcare providers to assist patients who state they are ready to make a quit attempt within the next 30 days.

Action Steps:

1. The Provider will tear an Enrollment Form from a pad kept in the exam room and ask the patient to fill it out (legibly) and sign. The patient's signature meets HIPPA requirements for release of information to the NH Smokers' Helpline cessation treatment counselors.
2. The Enrollment Form (after being faxed) can be placed in the patient's paper file as a reminder for Provider follow-up at the next appointment.
3. If the Enrollment Form is integrated into the EMR system, the form may be printed off at the reception desk and the patient may fill out the form prior to leaving the Provider Office. A note should be placed in the patient's EMR folder regarding follow up on this referral.
4. The Enrollment Form should be considered the same priority as all other referrals to specialists.

NH Smokers' Helpline Protocol:

1. An Intake Referral Assistant receives the fax and enters the patient data into a database (this is why legible writing is important).
2. A cessation treatment counselor calls the patient within 48 to 72 hours.
3. The patient is interviewed to assess their readiness to make a quit attempt.
4. Counselors begin counseling with the patient according to this assessment.